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**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Hagan for U.S. Senate, Inc.

ADDRESS (number and street)

PO Box 29103

☐ Check if different than previously reported. (ACC)

Greensboro

NC

27429

2. FEC IDENTIFICATION NUMBER ▼

C C00457622

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

NC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

05

06

2014

in the State of

NC

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM

DD

YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
04 / 01 / 2014

MM / DD / YYYY  
04 / 01 / 2014

MM / DD / YYYY  
04 / 01 / 2014

through

MM / DD / YYYY  
04 / 16 / 2014

MM / DD / YYYY  
04 / 16 / 2014

MM / DD / YYYY  
04 / 16 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dwight M. Davidson III

Signature of Treasurer

Dwight M. Davidson III

Date

MM / DD / YYYY  
06 / 10 / 2014

MM / DD / YYYY  
06 / 10 / 2014

MM / DD / YYYY  
06 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)